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36218 7590 07/15/2005

KLARQUIST SPARKMAN, LLP
121 S.W. SALMON STREET, SUITE #1600
ONE WORLD TRADE CENTER
PORTLAND, OR 97204-2988

10/11/2005 EFLORES1 00000119 09975530

01 FC:1501	1400.00 UP
02 FC:1504	300.00 UP
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William D. Noonan, M.D.	(Depositor's name)
<i>William D. Noonan</i>	(Signature)
October 5, 2005	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/975,530	10/10/2001	Jon G. Wilkes	4239-60896	9402

TITLE OF INVENTION: DRIFT COMPENSATION METHOD FOR FINGERPRINT SPECTRA

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$1700	10/17/2005
EXAMINER	ART UNIT	CLASS-SUBCLASS			
LY, CHEYNE D	1631	702-019000			

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
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- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
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1. Klarquist Sparkman, LLP

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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

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(A) NAME OF ASSIGNEE

The Government of the United States of America as represented by the Secretary of the Department of Health and Human Services

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Rockville, Maryland

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

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 Publication Fee (No small entity discount permitted)
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- a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

William D. Noonan

Date

October 5, 2005

Registration No. **30,878**

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